

# Jefferson County Sheriff's Department

<b>LAB USE ONLY</b>
Submission Date

**Regional Crime Laboratory**  
 (409) 726-2577 Fax (409) 726-2576  
 5030 Hwy 69 South, Suite 500 Beaumont, TX 77705  
**TOXICOLOGY EVIDENCE**  
**LABORATORY SUBMISSION**

<b>LAB USE ONLY</b>
Laboratory No.

Suspect Name (Last, First Middle)	State	DL Number	ID Number	Race	Sex	DOB

**OFFENSE** \_\_\_\_\_  
**COUNTY OF OFFENSE** \_\_\_\_\_ **OFFENSE DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_  
**AGENCY** \_\_\_\_\_ **AGENCY CASE NO.** \_\_\_\_\_  
**SEIZING OFFICER** \_\_\_\_\_ **TRANSPORTING OFFICER** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ PRINT \_\_\_\_\_  
**PHONE NO.** \_\_\_\_\_ **EXT** \_\_\_\_\_ SIGN \_\_\_\_\_

LAB USE ONLY	EXAMINATION REQUESTED	SPECIMEN COLLECTION INFORMATION
	Alcohol and Drug Analysis <input type="checkbox"/>	Collector:
	Alcohol Analysis Only <input type="checkbox"/>	Title:
		Facility:
		Date and Time:

**List Drugs Suspected:**

**Breath Test Results:** \_\_\_\_\_ **Additional Evidence:** \_\_\_\_\_

<b>LAB USE ONLY</b>			
<input type="checkbox"/> Blood kit	<input type="checkbox"/> Specimen kit	<input type="checkbox"/> _____	
<input type="checkbox"/> Total item(s)	Sealed: N Y	Received by: _____	